

SMART ADMISSION

CLIENT PROFILE

First Name _____ Last Name _____

Gender: ☐ Male ☐ Female DOB _____ SSN _____ Agency Client ID _____
Zip Code _____

Race: ☐ White ☐ Alaskan Native
☐ Black ☐ American Indian
☐ Asian or ☐ Other
Pacific Islander

Ethnicity: ☐ Puerto Rican ☐ Hispanic
☐ Mexican ☐ Not Hispanic
☐ Cuban ☐ Other

Highest Grade Completed _____
For grades 1-12 enter the number
13 College coursework
14 Earned College AA/Associates
15 Earned BA/ BS
16 Post College/Graduate School

H.S. Diploma:
☐ Earned GED
☐ Earned HS Diploma
☐ No GED, No HS Diploma

Veterans Status

- ☐ Never in Military
☐ On Active Duty
☐ Veteran—Never in Combat
☐ Veteran – In Combat 0-6 months ago
☐ Veteran – In Combat 6-12 months ago
☐ Veteran – In Combat more than 12 months ago

Explanation for Veterans Status

When asking about a client's veterans status please select from the list documented here on the form only.

INTAKE

Intake Facility: _____ Case Assigned to Staff: _____

County of Residence: _____ Intake Date: _____ (If different from today's date)

Currently Pregnant: ☐ Yes ☐ No ☐ Unknown Injection Drug User: ☐ Yes ☐ No ☐ Denies

If yes, due date: _____

Presenting Problem (In Client's own words) _____

Source of Referral:

- | | |
|---|---|
| <input type="checkbox"/> Juvenile Justice Agency | <input type="checkbox"/> DHMH (HG-8505) |
| <input type="checkbox"/> Drug Court | <input type="checkbox"/> Poison Control Agency |
| <input type="checkbox"/> Other Criminal Justice | <input type="checkbox"/> States Attorney's Office |
| <input type="checkbox"/> Individual/Self Referral | <input type="checkbox"/> Public Defender |
| <input type="checkbox"/> Parent/Guardian/Family | <input type="checkbox"/> MH Diversion Social Worker |
| <input type="checkbox"/> Alcohol/Drug Abuse Care Provider | <input type="checkbox"/> Judge |
| <input type="checkbox"/> Other Health Care Provider | <input type="checkbox"/> Bail Review |
| <input type="checkbox"/> School | <input type="checkbox"/> DWI/DUI Referral |
| <input type="checkbox"/> Student Assistant Program | <input type="checkbox"/> Commissioner's Office |
| <input type="checkbox"/> Employer/EAP | <input type="checkbox"/> Pre-Trial Services Agency |
| <input type="checkbox"/> DSS Assessment Unit | <input type="checkbox"/> Probation |
| <input type="checkbox"/> TASC-Other Diversionary programs | <input type="checkbox"/> Parole |
| <input type="checkbox"/> Other Community Referral | <input type="checkbox"/> State Prison |
| <input type="checkbox"/> Aids Administration | <input type="checkbox"/> Local Detention |
| <input type="checkbox"/> Alcohol and Drug Abuse Admin. | <input type="checkbox"/> DHMH (HG-8507) |

ADMISSION

Client Type: ☐ Primary ☐ Non-Primary ☐ Interim Methadone Est. Duration of Treatment (Days) _____

Admission Type: ☐ First Admission ☐ Readmission

Event Type: ☐ Admission ☐ Crisis Intervention ☐ Placement Screening

Admission Date: _____

Admission Staff: _____

of Prior SA TX Admissions: _____ **Mental Health Problem:** ☐ No ☐ Yes

of times the client has attended a self-help program in the 30 days preceding the date of admission to treatment services.

<input type="checkbox"/> No attendance in the past month	<input type="checkbox"/> 8-15 times in the past month
<input type="checkbox"/> 1-3 times in the past month	<input type="checkbox"/> 16-30 times in the past month
<input type="checkbox"/> 4-7 times in the past month	<input type="checkbox"/> Some attendance in month but frequency unknown.

Was Client in Treatment at anytime During the:

Days waiting to enter treatment: _____

Past 12 Months: ☐ Yes ☐ No

Past 30 Days: ☐ Yes ☐ No

Treatment Setting

- ☐ Community
- ☐ Local Detention
- ☐ State DOC

Treatment Service (choose all that apply)

- ☐ Buprenorphine
- ☐ Counseling/Therapy
- ☐ Gender Specific – Men
- ☐ Gender Specific – Women
- ☐ Mental Health and Sub. Abs.

Current Educational Activities

- | | | |
|---------------------|-----------------------------|------------------------------|
| K-12 | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| GED Program | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| Vocational Training | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| Higher Education | <input type="checkbox"/> No | <input type="checkbox"/> Yes |

Employment Status

- | | |
|---|--|
| <input type="checkbox"/> Attending School Full Time, not working | <input type="checkbox"/> Incarcerated (cannot work) |
| <input type="checkbox"/> Disabled (unable to work) | <input type="checkbox"/> Other, Out of Work Force |
| <input type="checkbox"/> Employed Full Time (35 hours or more) | <input type="checkbox"/> Retired/Permanently Out of Work |
| <input type="checkbox"/> Employed Part Time in steady job | <input type="checkbox"/> Unemployed, Full Time Student |
| <input type="checkbox"/> Homemaker Full Time | <input type="checkbox"/> Unemployed, not seeking work |
| <input type="checkbox"/> In Skill Development, Training or School | <input type="checkbox"/> Unemployed, seeking work |
| <input type="checkbox"/> Unemployed | |

Annual Household Income

- ☐ \$ 0 - 999
- ☐ \$ 1,000 - 4,999
- ☐ \$ 5,000 - 9,999
- ☐ \$10,000 - 19,999
- ☐ \$20,000 - 29,999
- ☐ \$30,000 - 39,999
- ☐ \$40,000 - 49,999
- ☐ \$50,000 - and over

Primary Income Source

- ☐ Disability
- ☐ Other
- ☐ Public Assistance/TCA
- ☐ Retirement/Pension
- ☐ Self-Employment
- ☐ Unemployment Compensation
- ☐ Unknown
- ☐ Wages/Salary

Expected Payment Source

- ☐ Primary Adult Care (PAC)
- ☐ DHMH Grant ADAA
- ☐ Health Choice (MA)
- ☐ Medicaid (Other than Health Choice)
- ☐ Medicare
- ☐ Non-Managed Private Insurance
- ☐ Out of Pocket Payment
- ☐ Private Managed Care/HMO
- ☐ Other Public Funds
- ☐ Other
- ☐ Drug Court

Insurance Type:

- ☐ PAC (Primary Adult Care)
- ☐ No Health Insurance
- ☐ Non-Managed Private Insurance
- ☐ DHMH Medicaid Managed Care (Health Choice)
- ☐ Private Managed Care (HMO)
- ☐ Medicare
- ☐ Medicaid (Other than Health Choice)
- ☐ Other Public Funds

Living Situation

- | | |
|---|--|
| <input type="checkbox"/> Child/Adolescent Foster Care | <input type="checkbox"/> Jail/Prison/Detention Facility |
| <input type="checkbox"/> Dependent Living | <input type="checkbox"/> Private Residence |
| <input type="checkbox"/> Group Home | <input type="checkbox"/> Residential Substance Abuse Treatment |
| <input type="checkbox"/> Halfway House | <input type="checkbox"/> Shelter |
| <input type="checkbox"/> Hospital, Nursing Home | <input type="checkbox"/> Sober Living Facility |
| <input type="checkbox"/> Independent Living | <input type="checkbox"/> Street/Outdoors |

Marital Status

- ☐ Common Law/Domestic Partner
- ☐ Divorced
- ☐ Married
- ☐ Never Married
- ☐ Separated
- ☐ Unknown
- ☐ Widowed

Number of Dependent Children *living or not living with the client*: _____

To complete the Substance Matrix of SMART please use the Substance Matrix Chart on the following page

Substance Matrix Chart to be Used to Indicate Substance Use at Admission and at Discharge

Substance	Primary= substance most used or abused		Secondary= substance two		Tertiary= substance three	
Severity	0=Not a problem (discharge only)		1=Mild Problem	2=Moderate Problem	3=Severe Problem	
Frequency	0=No use past month		1=1-3 times past month	2=1-2 times past week	3=3-6 times per week	4=Once Daily
	5=2-3 times daily		6=More than 3 times daily	7=Unknown (Discharge Only)		
Route	1= Oral	2=Smoking	3=Inhalation	4=Injection	5=Non-IV Injection	6=Other
	Substance	Severity	Freq.	Route	Age/Use	
	Alcohol					
	Amphetamines - Amphetamine					
	Amphetamines - Methamphetamine (Speed)					
	Amphetamines - Methylenedioxy methamphetamine (MDMA, Ecstasy)					
	Amphetamines - Other					
	Barbiturates - Phenobarbital (Solfoton)					
	Barbiturates - Secobarbital (Seconal)					
	Barbiturates - Secobarbital/Amobarbital (Tuinal)					
	Barbiturates - Other					
	Benzodiazepines - Alprazolam (Xanax)					
	Benzodiazepines - Chlordiazepoxide (Librium)					
	Benzodiazepines - Clonazepam (Klonopin, Rivotril)					
	Benzodiazepines - Clorazepate (Tranxene)					
	Benzodiazepines - Diazepam (Valium)					
	Benzodiazepines - Flunitrazepam (Rohypnol)					
	Benzodiazepines - Flurazepam (Dalmane)					
	Benzodiazepines - Lorazepam (Ativan)					
	Benzodiazepines - Triazolam (Halcion)					
	Benzodiazepines - Other					
	Cocaine - Crack					
	Cocaine - Other					
	Diphenylhydantoin/Phenytoin (Dilantin)					
	GHB/GBL (Gamma-Hydroxybutyrate, Gamma-Butyrolactone)					
	Hallucinogens - LSD					
	Hallucinogens - Other					
	Inhalants - Aerosols					
	Inhalants - Nitrites					
	Inhalants - Solvents					
	Inhalants - Other					
	Ketamine (Special K)					
	Marijuana/Hashish					
	Meprobamate (Miltown)					
	Nicotine					
	Opiates/Synthetics - Codeine					
	Opiates/Synthetics - Heroin					
	Opiates/Synthetics - Hydralcodone (Vicodin)					
	Opiates/Synthetics - Hydromorphone (Dilaudid)					
	Opiates/Synthetics - Meperidine (Demoral)					
	Opiates/Synthetics - Non-Prescription Methadone					
	Opiates/Synthetics - Oxycodone (OxyContin, Percocet, Percodan)					
	Opiates/Synthetics - Pentazocine (Talwin)					
	Opiates/Synthetics - Propoxyphene					
	Opiates/Synthetics - Tramadol (Ultram)					
	Opiates/Synthetics - Other					
	Over The Counter - Diphenhydramine (Benadryl)					
	Over The Counter - Other					
	PCP or PCP Combination					
	Sedatives - Ethchlorvynol (Placidyl)					
	Sedatives - Glutethimide (Doriden)					
	Sedatives - Methaqualone (Quaaludes)					
	Sedatives - Other					
	Stimulants - Methylphenidate (Ritalin)					
	Stimulants - Other					
	Tranquilizers					
	Other Drug					

At what age did the client first use the substance indicated:

Primary: _____ Secondary: _____ Tertiary: _____

Does the Client Currently Use Tobacco?

- ☐ No tobacco use
- ☐ Cigarettes
- ☐ Cigars or Pipes
- ☐ Smokeless tobacco
- ☐ Combo/more than 1
- ☐ NA

Tobacco Use in last 30 days ☐ Yes ☐ No

Tobacco/Nicotine Screen

Have you ever used Tobacco/Nicotine products? ☐ Yes ☐ No ☐ Unknown

If yes, answer the rest of the questions on this page. Otherwise, go to Number of Arrests question below.

Smoker Status

- ☐ Current every day smoker
- ☐ Current some day smoker
- ☐ Smoker, current status unknown
- ☐ Former smokers

At what age did you first use tobacco/nicotine product(s)?

- ☐ <=10
- ☐ 11-14
- ☐ 15-19
- ☐ 20-25
- ☐ 26-30
- ☐ >=31

In the past 30 days, what tobacco/nicotine product did you use most frequently?

- ☐ No tobacco use
- ☐ Cigarettes
- ☐ Cigars or Pipes
- ☐ Smokeless tobacco
- ☐ Combo/more than 1
- ☐ Other: Please describe _____

In the past 30 days, how often did you use tobacco/nicotine product(s)? _____

In the past 30 days, how many cigarettes did you smoke per week? _____

Number of Arrests in Past 12 Months _____

Number of Arrests in Past 30 Days _____

Special Funding:

- ☐ Anger Management (A Somerset County Stop Grant Project)
- ☐ Baltimore County Contract Clients
- ☐ BSAS Drug Treatment Court
- ☐ Clients who are receiving trmt in both Intensive Outpatient and detoxification
- ☐ COP I clients (P & P funding only)
- ☐ CRF funds for detox with Hudson Health Services by Somerset County
- ☐ CRF funds for detox with Hudson Health Services by Wicomico County
- ☐ CRF funds for detox with Hudson Health Services by Worcester County
- ☐ Dual Diagnosis clients in Talbot County
- ☐ HGA 8507 Funding for Jude House
- ☐ HGA 8507 (A Charles County Stop Grant Project)
- ☐ House Bill 1160 (HB 1160) (TCA) clients
- ☐ House Bill 7 (HB 7) clients who are referred to treatment by the child welfare Addiction Specialist
- ☐ Opportunity for Funding (OTF) contract – Anne Arundel County
- ☐ Prince George's County Contract Clients
- ☐ Senate Bill 512/495 (SB 512/495) Prenatal
- ☐ Senate Bill 512/495 (SB 512/495) Post Partum
- ☐ Warwick Manor CRF funding

Controlled Environment

- ☐ No
- ☐ Jail
- ☐ Residential Alcohol/Drug Treatment
- ☐ Inpatient Medical Treatment
- ☐ Inpatient Psychiatric Treatment
- ☐ Other

Special Projects:

- ☐ Clients in the Addicted Homeless Project Grant
 - ☐ Compass Halfway House clients receiving IOP at Walden/Sierra
 - ☐ Deaf clients in the U of M Addiction Services at MD
 - ☐ Disaster & Terrorism Related Services
 - ☐ IOP clients receiving Buprenorphine in their medical clinic
 - ☐ The Hands Project
 - ☐ Residential and IOP Women & Children's programs*
- * Enter the number of children in treatment with client

Recommended Level of Care

- ☐ 0.5 Early Intervention
- ☐ I Outpatient
- ☐ I.D Outpatient Ambulatory Detox.
- ☐ I OMT Opiod Maintenance Therapy
- ☐ II.1 Intensive Outpatient Treatment
- ☐ II.D Intensive Outpatient Detox
- ☐ II.5 Partial Hospitalization
- ☐ III. 1 Clinically Managed – Low Intensity
- ☐ III. 3 Clinically Managed – Medium Intensity
- ☐ III. 5 Clinically Managed – High Intensity
- ☐ III. 7 Medically Monitored Intensive Inpatient
- ☐ III.7-D Medically Monitored Intensive Inpatient Detox.
- ☐ IV Medically Managed Intensive Inpatient
- ☐ IV.D Medically Managed Intensive Inpatient Detox
- ☐ OMT-D Opiod Maintenance Therapy - Detox